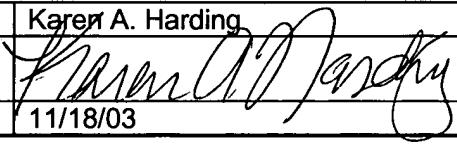


Please type a plus sign (+) inside this box +

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|---|---|---|
| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Docket No. VTN 5001 NP First Inventor Osman Rathore Title ANTIMICROBIAL LENSES, PROCESSES TO PREPARE THEM AND METHODS OF THEIR USE <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small> Express Mail Label No. ER 057512877 US |
| APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small> | | ADDRESS TO: Mail Stop Patent Applications Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 58] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s)/35 USC 113 [Total Sheets 18] 5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . Prior application information: Examiner Group Art Unit: | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other |
| 19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA | | |
| 20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Karen A. Harding at: Telephone: (904) 443-3074 Fax: (904) 443-3078 | | |
| 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | |
| NAME | Karen A. Harding | Reg. No. 33967 |
| SIGNATURE |  | |
| DATE | 11/18/03 | |

17548 U.S. PTO
10/715903



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|------------------------|-------------|--------------------------|-------------------|
| FEE TRANSMITTAL | | <i>Complete if Known</i> | |
| | | Application Number | n/a |
| | | Filing Date | November 18, 2003 |
| | | First Named Inventor | Osman Rathore |
| | | Group Art Unit | n/a |
| | | Examiner Name | n/a |
| Attorney Docket Number | VTN 5001 NP | | |

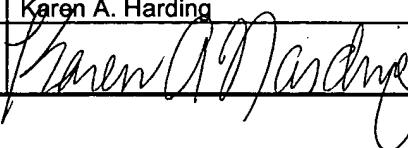
FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|-------------------------------------|--------------|------------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$750.00 |
| TOTAL CLAIMS | 44 - 20 = | 24 | x 18.00 | \$ 432.00 |
| INDEPENDENT CLAIMS | 10 - 3 = | 7 | x 84.00 | \$ 588.00 |
| MULTIPLE DEPENDENT CLAIMS | <input checked="" type="checkbox"/> | N/A | \$280.00 | \$ 280.00 |
| | | | TOTAL FEES | \$ 2050.00 |

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/VTN5001NP/KAH in the amount of \$2050.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ VTN5001NP/KAH. Three copies of this sheet are enclosed.

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| SUBMITTED BY: | | <i>Complete (if applicable)</i> | |
| Typed or Printed Name | Karen A. Harding | Reg. No. 33,967 | |
| Signature |  | Date: 11/18/2003 | Deposit Account No. 10-0750 |

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Johnson & Johnson Vision Care, Inc.

For : ANTIMICROBIAL LENSES, PROCESSES TO PREPARE THEM AND
METHODS OF THEIR USE

Express Mail Certificate

"Express Mail" mailing number: ER 057512877 US

Date of Deposit: November 18, 2003

I hereby certify that this complete application, including specification pages, claims, and drawings, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Kathy L. Willan

(Typed or printed name of person mailing paper or fee)



Kathy L. Willan

(Signature of person mailing paper or fee)